

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
5		1				
6						
7	1					
8	1					
9		2				
10		2				
11		2				
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TOTAL IND.	4					
TOTAL DEP.	14					
TOTAL CLAIMS	18					

	IND	DEP	IND	DEP	IND	DEP
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